

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Check Number	PHA 23,537
	First Named Inventor	Hader Radha
	COMPLETE IF KNOWN	
	Application Number	09/365,463
	Filing Date	August 2, 1999
	Group Art Unit	2611
	Examiner Name	Son P. Huynh

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DECODER BUFFER FOR STREAMING VIDEO RECEIVER AND METHOD OF OPERATION

the specification of which (Title of the Invention) ..

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/02/1999 as United States Application Number or PCT International

Application Number 09/365,463 and was amended on (MM/DD/YYYY) 02/07/2003 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24737	OR	<input checked="" type="checkbox"/> Correspondence address below
Philips Electronics North America Corporation					
Name					
580 White Plains Rd.					
Address					
Tarrytown		NY		10591-5190	
City		State		ZIP	
U.S.A.		(914)332-0222		(914) 332-0615	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Hader		Family Name or Surname RADHA	
Inventor's Signature				Date	
East Lansing		MI		USA	
Residence: City		State		Country	
350 Wild Wood Drive		USA			
Mailing Address		Citizenship			
East Lansing		MI		48823	
City		State		Zip	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Kavitha		Family Name or Surname PARTHASARATHY	
Inventor's Signature <i>Kavitha Parthasarathy</i>				Date <i>15 May 2003</i>	
Sunnyvale		CA		USA	
Residence: City		State		Country	
965 East El Camino Real, #414		India			
Mailing Address		Citizenship			
Sunnyvale		CA		94087	
City		State		Zip	
USA		Country			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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	First Name of Inventor	Hader Radha
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		+Hader Hayder ^{2. R} _{May 21/03}		Family Name or Surname RADHA	
Inventor's Signature				Date May 21, 2003	
East Lansing		MI		USA	
Residence: City		State		Country	
350 Wild Wood Drive		USA			
Mailing Address		Citizenship			
East Lansing		MI		48823	
City		State		Zip	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Kavitha		Family Name or Surname PARTHASARATHY	
Inventor's Signature				Date	
Sunnyvale		CA		USA	
Residence: City		State		Country	
965 East El Camino Real, #414		India			
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